

# 21<sup>st</sup> Century Fund for Delaware's Children, Inc. Guidelines and Procedures

The 21<sup>st</sup> Century Fund for Delaware's Children is a public/private partnership to address the special needs of at-risk children in Delaware. The intent of the fund is to provide experiences that help children define their strengths, improve their self-esteem and build a sense of hope for the future. Examples include sports camps, music lessons, prom tickets and other opportunities to achieve a child's potential in a particular talent or interest otherwise not affordable or available to them. Children receiving services from state agencies and community programs in Delaware are eligible for funding.

### Application Process:

1. Applications for 21<sup>st</sup> Century Funds will be completed by social workers or case managers providing services to a child. Call Children & Families First to check the availability of funds: (302) 658-5177.
2. A request written on the applying agency's organizational letterhead should be submitted together with the 21<sup>st</sup> Century Fund application to Children & Families First (CFF).
3. Applications for requests under \$100 will be reviewed by CFF and determined if the request is consistent with the fund intent. Requests can only be approved in each quarter up to the budgeted amount. Once approved, the check request will be processed and made available immediately.
4. Applications for funds in excess of \$100 require approval by the 21<sup>st</sup> Century Fund Grants Committee. This committee consists of the Treasurer and two others designated by the Board of Directors.
5. Mail or fax the completed application to:  
  
21<sup>st</sup> Century Fund  
c/o Children & Families First  
2005 Baynard Boulevard  
Wilmington, DE 19802  
  
Fax: (302) 658-5170
6. If the check is to be picked up by the client, call CFF in advance. Appropriate identification is required.

**21<sup>st</sup> Century Fund for Delaware's Children, Inc.**  
**Application for Funds**

Date of Application: \_\_\_\_\_

Name of Child/Youth: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(for whom assistance is being sought) (month/day/year)

Name of Parent/Guardian of child listed above: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Name of Social Worker/Agency Worker: \_\_\_\_\_

Name of Applying Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Other Agencies involved with the youth or family: \_\_\_\_\_  
\_\_\_\_\_

Describe the need or strength to be addressed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the service or item being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Short-term Measurable Objective(s) of requested service/item: \_\_\_\_\_  
\_\_\_\_\_

Long-term Measurable Objective(s) of requested service/item: \_\_\_\_\_  
\_\_\_\_\_

Amount being requested: \$\_\_\_\_\_ (up to \$100, subject to availability)

Location/Source of service or item: \_\_\_\_\_ (store, catalog, business, etc.)

Signature of Social Worker/Agency Worker \_\_\_\_\_

Name of Authorized Approving 21<sup>st</sup> Century Fund Worker: \_\_\_\_\_  
(please type or print)

Signature of Approving 21<sup>st</sup> Century Fund Worker: \_\_\_\_\_

Date of Application Approval: \_\_\_\_\_